

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-579)							SERIAL NO.	FILING DATE					
							APPLICANT(S)						
CLAIMS													
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	NO.	DEF.	NO.	DEF.	NO.	DEF.		NO.	DEF.	NO.	DEF.	NO.	DEF.
1							61						
2							62						
3							63						
4							64						
5							65						
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37							98						
38							99						
39							100						
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45													
46													
47													
48													
49													
50													
TOTAL NO.	8						TOTAL NO.						
TOTAL DEF.	29						TOTAL DEF.						
TOTAL	37						TOTAL						